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SERIAL NUMBER 10/664,371	FILING OR 371(c) DATE 09/17/2003 RULE	CLASS 606	GROUP ART UNIT 3775	ATTORNEY DOCKET NO. HAN-022
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 10/401,089 03/27/2003 PAT 6,866,665

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 12/08/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	FL	6	36	7
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

36822

TITLE

ANATOMICAL DISTAL RADIUS FRACTURE FIXATION PLATE

FILING FEE RECEIVED 1856	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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